

Bernalillo County  
Natural Resource Services  
111 Union Square SE, Suite 300  
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**Office use only**

NRWO \_\_\_\_\_

Reviewed by \_\_\_\_\_

Date \_\_\_\_\_

## **Wastewater System Evaluation and Inspection Form For Wastewater Operator Permit**

☐ **Current Property Owner**    ☐ **Future Property Owner** (Date of expected closing \_\_\_\_\_)

Full Name \_\_\_\_\_

Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Email \_\_\_\_\_

### **Location**

Site Address \_\_\_\_\_

Legal Description \_\_\_\_\_

UPC \_\_\_\_\_ Pin# \_\_\_\_\_

Zone Atlas Page \_\_\_\_\_ Lot Size \_\_\_\_\_ Zoning Designation \_\_\_\_\_

Number of bedrooms in dwelling \_\_\_\_\_ Is the dwelling unoccupied (if yes, how long)? \_\_\_\_\_

Number of persons occupying the dwelling: Currently \_\_\_\_\_ Anticipated \_\_\_\_\_

Original Septic System (yes or no) \_\_\_\_\_ Is there regular trash pickup (yes or no) \_\_\_\_\_

Date of system installation \_\_\_\_\_ Date of last pumping \_\_\_\_\_

Has there ever been a backup in the house?    ☐ Yes    ☐ No    ☐ Don't know

List any system repairs \_\_\_\_\_

Has another company evaluated the system recently?    ☐ Yes    ☐ No

If so, did it pass inspection?    ☐ Passed inspection    ☐ Failed inspection

County Wastewater Permit Number: \_\_\_\_\_

Are there other wastewater sources on the property? \_\_\_\_\_

Is this evaluation part of a real estate transaction?    ☐ Yes    ☐ No

Note: An operating permit will be issued to the owner listed on this page of the application. The purchaser of the property must submit this application with their information within 30 days of closing to obtain an operator permit.

### **Source of Water**

☐ Individual or Shared Well    County Well Permit Number \_\_\_\_\_

☐ Public Water Supply    Public Water Name and Acct. # \_\_\_\_\_

☐ Hauled Water    Hauling Water Co. Name \_\_\_\_\_

The foregoing information and the attached documentation are true and correct to the best of my knowledge.

Owner's Printed Name \_\_\_\_\_ Date \_\_\_\_\_

Owner's Signature \_\_\_\_\_

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***System Evaluator***

Company Name \_\_\_\_\_

Evaluator Name \_\_\_\_\_ Phone Number \_\_\_\_\_

NAWT Registration Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Email \_\_\_\_\_ Fax Number \_\_\_\_\_

***Wastewater (Septic) System***

System type: ☐ Conventional ☐ Alternative (type) \_\_\_\_\_

Total wastewater flow on the property (GPD) \_\_\_\_\_

***Conventional Treatment (Septic Tank) Unit***

Tank Depth (from ground surface to top of the tank) \_\_\_\_\_

Structural integrity of the tank ☐ OK ☐ Inadequate

Tank size in gallons \_\_\_\_\_ Tank Material \_\_\_\_\_

Tank manufacturer \_\_\_\_\_

Tank certification number \_\_\_\_\_

Baffle material: Inlet \_\_\_\_\_ Center \_\_\_\_\_ Outlet \_\_\_\_\_

Effluent Filter: ☐ No ☐ Yes (Brand) \_\_\_\_\_

Additional Information \_\_\_\_\_

***Alternative Treatment Unit (ATU)***

Manufacturer \_\_\_\_\_ Model \_\_\_\_\_

Is the unit functioning properly ☐ Yes ☐ No

Maintenance Provider \_\_\_\_\_

Maintenance Contract Expiration Date \_\_\_\_\_ Date of last maintenance visit \_\_\_\_\_

☐ Maintenance visits and reports attached.

Note: The new owner of the ATU must submit a copy of the maintenance contract signed by the new owner to BCNRS upon transfer of ownership.

***Disposal System***

☐ Trenches Number of trenches \_\_\_\_\_ Trench Width \_\_\_\_\_ Depth of gravel below pipe \_\_\_\_\_

☐ Chambers Type and number: \_\_\_\_\_

☐ Bed Size: \_\_\_\_\_

☐ Seepage Pit Size: \_\_\_\_\_

☐ Drip Type and size: \_\_\_\_\_

☐ Other: \_\_\_\_\_

Drainfield area in square feet \_\_\_\_\_

Does the system contain a pump ☐ No ☐ Yes: Pump type \_\_\_\_\_

Additional information: \_\_\_\_\_

***Evaluation Procedure***

Located, accessed, and opened the tank covers: ☐ Yes ☐ No: Reason \_\_\_\_\_

Checked water level in tank, sludge and scum level, baffles: ☐ Yes ☐ No: Reason \_\_\_\_\_

Pumped out tank(s): ☐ Yes ☐ No: Reason \_\_\_\_\_

**Note: Never enter a tank.**

Checked for backflow from the outlet pipe back into the tank: ☐ Yes ☐ No: Reason \_\_\_\_\_

Cleaned existing effluent filter or installed effluent filter: ☐ Yes ☐ No: Reason \_\_\_\_\_

Checked the tank for cracks, infiltration, deterioration, and damage: ☐ Yes ☐ No: Reason \_\_\_\_\_

Used GPS receiver to record tank location: ☐ Yes ☐ No: Reason \_\_\_\_\_

Checked tank and disposal field setback distances: ☐ Yes ☐ No: Reason \_\_\_\_\_

Note: Setback distances to well, structures, property lines, etc. should be shown on the **attached site plan**.

Inspected disposal field area for moisture, odor, or effluent: ☐ Yes ☐ No: Reason \_\_\_\_\_

Probed disposal field to determine location and size: ☐ Yes ☐ No: Reason \_\_\_\_\_

***GPS Location of the Tank***

GPS receiver make and model \_\_\_\_\_

Datum ☐ NAD27 ☐ NAD83 ☐ WGS84 ☐ Other \_\_\_\_\_

Coordinate System ☐ UTM ☐ Decimal Degrees ☐ State Plane NM Central (feet)

☐ Other \_\_\_\_\_

X coordinate (West Longitude) \_\_\_\_\_

Y coordinate (North Latitude) \_\_\_\_\_

Note: This section must be completed or the application will be rejected and no operating permit will be issued.

***Tank Inspection Summary***

Holding tank ☐ No ☐ Yes Holding tank permit \_\_\_\_\_ Alarm \_\_\_\_\_

Tank structural integrity ☐ Good ☐ Fair ☐ Poor: Reason \_\_\_\_\_

Are riser lids at grade ☐ Yes ☐ No Are lids secure ☐ Yes ☐ No Were risers installed ☐ Yes ☐ No

Number of risers \_\_\_\_\_ Diameter of risers \_\_\_\_\_

Note: Risers are required and must be extended to grade. The riser lids must be secured.

***Pump Inspection Summary***

Does the pump work ☐ Yes ☐ No Is there an alarm ☐ Yes ☐ No Does the alarm work ☐ Yes ☐ No

Pump tank structural integrity ☐ Good ☐ Fair ☐ Poor: Reason \_\_\_\_\_

Is the pump elevated off the tank bottom ☐ Yes ☐ No Is there a check valve and purge hole ☐ Yes ☐ No

Do the electrical components appear satisfactory ☐ Yes ☐ No Did you clean the pump ☐ Yes ☐ No

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***Disposal Field Inspection Summary***

Is there evidence of previous failure ☐ Yes ☐ No      Is there visible seepage ☐ Yes ☐ No  
 Is there lush vegetation over the field ☐ Yes ☐ No      Is there ponding ☐ Yes ☐ No  
 Is there even distribution of effluent in the field ☐ Yes ☐ No  
 Is there a gray water system ☐ Yes ☐ No  
 If yes: Surface discharge ☐ Yes ☐ No      Is there disinfection ☐ Yes ☐ No  
 Is there a permit ☐ Yes ☐ No      Permit number \_\_\_\_\_

***Overall Inspection***

Is the tank acceptable ☐ Yes ☐ No  
 Comments: \_\_\_\_\_  
 Is the treatment unit acceptable ☐ Yes ☐ No ☐ N/A  
 Comments: \_\_\_\_\_  
 Is the pump acceptable ☐ Yes ☐ No ☐ N/A  
 Comments: \_\_\_\_\_  
 Is the disposal field acceptable ☐ Yes ☐ No ☐ N/A  
 Comments: \_\_\_\_\_  
 Is the overall system acceptable ☐ Yes ☐ No  
 Note: The system cannot be rated acceptable if any of the components are unacceptable.

***Comments***

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

***This form must be accompanied by the following:***

- ☐ A site plan drawn to a scale of 1 inch equals 20 feet showing:
  - Location of all system components
  - Location of surrounding wells
  - Property Boundaries
  - Structures
- ☐ Maintenance agreement for alternative systems
- ☐ Management plan for primary treatment systems
- ☐ A copy of the Zone Atlas page with the property identified

The foregoing information and the attached documentation are true and correct to the best of my knowledge. My signature indicates that I performed the inspection to the required standards and that all my entries are accurate.

Inspector's Printed Name \_\_\_\_\_ Date \_\_\_\_\_

Inspector's Signature \_\_\_\_\_